

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		INO.	DEF.
	INO.	DEF.	INO.	DEF.	INO.	DEF.		
1								
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49								
50								
TOTAL INO.	6							
TOTAL DEF.	42							
TOTAL	50							

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1						
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24	1					
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29	1					
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31						
32						
33	1					
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36						
36	1					
37						
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42						
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47						
48						
49						
60						
TOTAL INO.	6					
TOTAL DEF.	4					
TOTAL						

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
63	1					
64						
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96						
97						
98						
99						
100						
TOTAL INO.	12					
TOTAL DEF.	12					
TOTAL	24					